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\*\* CONTINUING DATA \*\*\*\*\*

none W H

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none W H

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no W H	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after W H	STATE OR COUNTRY NY	SHEETS DRAWING 28	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Allowance Examiner's Signature <i>[Signature]</i> Initials <i>W H</i>				

## ADDRESS

46797

## TITLE

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<b>FILING FEE RECEIVED</b> 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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